Washington State Department of Retirement Systems

## **Request for Post 30-Year Program Benefit Estimate**

Mail to: Post Office Box 48380 Olympia, WA 98504-8380

Toll Free: 1-800-547-6657 Local: 360-664-7000 TDD: 360-586-5450

Complete (type or print) all requested information, sign, date and return this form to DRS. Note: This is **not** an election form, DRS will include a form for election to participate in the Post 30-Year Program with your benefit estimate.

Last name First name		Middle name	Social Security number		
Telephone Number (Daytime)	Telephone Numbe	r (Evening)	Birth Date		
Street	I				
City			State	Zip	
In what month do you pla	n to file an election for par	ticipation in the Post 30	)-Year Prograr	m? month / year	
When do you plan to retir	e?			month / year	
	ceed the amount earned in tw mployers. State employees				
What is your current hou	rly wage?			\$ per hour	
Name of your survivor*					
What is the date of birth f (PERS will calculate benefi	or your survivor? t estimates under all benefit	payment options.)		month / day / year	
* This is not a beneficiary designation. To update your beneficiary, you may obtain a <i>Beneficiary Designation Form</i> on the DRS Web site at www.drs.wa.gov.				, ,	
Signature			Date signed		
Return	completed form to the	e Department of Ref	tirement Sys	stems	

## PO Box 48380, Olympia, WA 98504-8380

This form requests that you provide your Social Security number. Internal Revenue Code Sections 6041 (A), and 6109 authorize the Department of Retirement Systems (DRS) to solicit your Social Security number.

- The disclosure of your Social Security number to DRS is mandatory.
- DRS will use your Social Security number to ensure that any amounts disbursed under your account are properly reported to the Internal Revenue Service and as a reference number for tracking all data with regard to your retirement account.
- DRS will not disclose your Social Security number to any party unless required by law.